

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36541

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125
Township Cape Girardeau, Mo. Primary Registration District No. 3009
City Cape Girardeau, Mo.

File No.
Registered No. 234
St. Ward)

2. FULL NAME

Mrs. Johnston Smith
(a) Residence. No. 412 So. Hanover Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Johnston Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 4 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 131 93A
(c) Name of employer 93C

9. BIRTHPLACE (CITY OR TOWN) Fredericktown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Richard Hoover

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary May

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison
(STATE OR COUNTRY) County, Mo.

14. INFORMANT Mrs. Lilly Smith
(Address) 412 So. Hanover

15. FILED 11/9, 1929 W. H. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7, 1929
17. I, HEREBY CERTIFY, That I attended deceased from 1/10 to 1/12 1929 that I last saw her alive on 11/7, 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis & Chronic Nephritis

CONTRIBUTORY (SECONDARY) Nephritis & Valvular Heart Lesion
(duration) 3 yrs. mos. ds.
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Heart Symptoms
(Signed) D. L. Schaefer M. D.
, 19 (Address) Cape Girardeau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fredericktown DATE OF BURIAL 11-10-1929

20. UNDERTAKER W. H. Campbell ADDRESS 536 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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